Health Insurance Advisory Council

October 16, 2007

5 – 6:30 PM – DBR Hearing Room

Minutes

Attendance:

Members: Domenic Delmonico, Serena Sposato, MD, Hub Brennan, DO, Peter Quattromani, Ed Quinlan, Craig O'Connor, Elizabeth Walsh, Phil Papoojian, Roand Benjamin, Bill Martin, Ed Quinlan, Annemarie Monks, Howard Dulude, Rick Brooks and Chris Koller (Co-Chairs)

Health Plans: Gus Manocchia MD, Lynn Urbani, Tom Boyd, Brenda Whittle, Mack Johnston, MD, Jason Martiesian, Nancy Coburn

OHIC Staff: Patricia Huschle, John Cogan, Adrienne Evans, Matt Stark

Not in Attendance: Bill Schmiedeknecht, Patrick Quinn, Denise Lynn, Dawn Wardyga,

1. Introductions

· Members of the Council introduced themselves. Mr. Benjamin and Mr. Papoojian were welcomed as new Members, having attended last month's meeting as guests.

2. Review of Minutes

· September 2007, Minutes

· Minutes for the September 18, 2007 meeting were reviewed. There were no changes to the notes.

3. Updates

· Web Site:

– Matt Stark presented the revised OHIC Web Site. Currently, OHIC has had a web page within the DBR web site. The intention of the web site is to give a separate identity to OHIC and to organize more information for OHIC's main stakeholders: Consumers, Health Plans, Employers and Providers. Those groups have overlapping information needs and the Web Site attempts to give them different paths into that information.

– Significantly more updates will be made in the coming month.

4. Discussion: Health Plan Strategies to Increased Use of Information Technology in Clinical Settings.

· Chris Koller started off this discussion by noting that OHIC has a statutory obligation to direct health insurers in Rhode Island towards policies that promote improved health care access, efficiency and quality. There has been considerable public attention on the potential for health care IT (HIT) to improve the quality and efficiency of health care. Since commercial health plans move 40-50% all dollars spent on medical care, their coverage and payment strategies can have a significant impact on the use of HIT. The purpose of the topic was to:

· Learn from local health plans about their strategies for promoting the increase use of HIT in Rhode Island.

· Have a discussion among council members about what appropriate public and regulatory standards are for health plans in this area.

· Laura Adams, CEO of the RI Quality Institute briefed the group on the potential for HIT to improve Quality and Efficiency and roles for the Health Plans. Among her points:

· Inefficiency: Currently one in four lab tests are repeated because results are unavailable.

· Quality: Estimated that one in seven hospital admits could be prevented if full information was available for pre-hospital treatment. Study: for set of common conditions Physicians followed best practices less than 60% of time.

· Interconnected Electronic Health Records could improve this.

· Does not happen quickly because fragmented delivery system means no one receives sufficient benefit to make the necessary investment viable – piecemeal effort. Individual providers are investing in electronic health records and entities like RI Quality Institute are trying to hook them up and work through privacy and security issues.

· What should plans be expected to do to speed this up?

- Support development of national and local standards for EHR's and standards for talking between them.

- Support local coalitions to do this work – make it Health Information public and tied to patient, not proprietary and tied to health plan and provider.

- Aligned contractual incentives (extra money) to providers to adopt

HIT (BCBSRI is doing this)

- Put more information on line and give patients access to it.

· BCBSRI

– Lynn Urbani presented BCBSRI's work in this area, focusing on its HIT strategy, its initiatives, its investments and its thinking about HIT stakeholders.

– Strategy: BCBSRI has focused primarily on additional funding to physicians to promote the adoption of EHR's . It also supports the Quality Institute and has programs in place to encourage reporting on quality measures using EHRs. It estimates an investment of $4 million in the last three years

– Going forward: BCBSRI will continue to fund the adoption of EHRs. It has put in an icentive in its fee schedule for primary care docs who adopt EHRs – worth an estimated extra $5-6 million/year.

– BCBSRI said it will not do this alone and expects similar efforts from other health plans and providers.

– BCBSRI feels that patients, purchasers, providers, regulators and payors all have roles to play in promoting the adoption of HIT.

· NHPRI.

– Mack Johnston presented NHPRI's work in this area,

– It is driven by the people it serves- culturally and linguistically diverse, low socio economic conditions, and some Medicaid populations with high need – and its provider founders – community health centers.

– It has worked on quality measurement and reporting with its health

center sites (with incentives worth $2 million anually) and making general funds available for capital improvements – some of which have been used for EHRs.

– In the future it anticipates putting more dollars up for EHR adoptions and possibly system maintenance and then paying for reporting quality measures out of those systems.

· United Health Care

– Jason Martiesian presented for United.

– United's national strategy includes promoting diffusion of HIT, facilitating interconnectivity, supporting community based initiatives where case exists, and shaping standards and rewards.

– United presented seven examples of this work:

i. Its local Quality and Technology Investment Advisory Committee (just forming)

ii. Patient Centered Medical Home (national pilot – will use RI)

iii. HIT-Practice Rewards (national pilot)

iv. Real Time notification of Er visits (national pilot)

v. E-Prescribing (national pilot)

vi. Point of Care Disease Registries (national pilot)

vii. Personal Health Records

– These are linked with a vision of improved on line administrative transactions for the purchaser, the provider and the patient.

· The Group then discussed the plans' presentations.

o Chris Koller noted that the presentations by the plans shows how each take approaches based on their organizational mission and strengths. He asked the Council for their thoughts about whether and how to "direct health plans towards HIT policies the promote access, efficiency and quality." As a board framework, one can think that there are two sets of investments:

§ In the Electronic Records (based with either the patient or the provider)

§ In the Exchange – which makes it possible to share clinical information between Records.

o Hub Brennan noted that from a provider perspective, implementing HIT is not easy. It slows the practice down. As a provider he appreciates BCBSRI's support. He also noted that with one or two exceptions all of United's work was national and had no impact on Rhode Island.

o Ed Quinlan noted that any standards imposed on commercial payers needs to be imposed on the State itself as a payer. Chris Koller said that there as a broad outline of an all payer funding mechanism for a health information exchange - currently being developed as pilot under contract with the Department of Health, but at a slow rate.

o Howard Dulude observed that larger practices are better equipped to implement Electronic Records. He also said that if there were a community wide investment, businesses might go along with the Exchange idea, since the effect on premium is very small.

o Phil Papoojian was not so sure. What about efforts to standardize

software among physicians as a first step?

- **o Peter Quattromani was also concern about workload effects on providers, and whether these really were demands of patients.**
- **o Serena Sposato spoke about this work as a long term goal that takes time. Physician resistance can run pretty deep. Patients have security and confidentiality concerns. It may be too early to set standards for what the plans are to do.**
- **o However, Rick Brooks noted, it appears that BCBSRI has made real commitments and was clear tonight that other health plans must do the same. While there is variation in what the plans are doing in HIT, the proportional financial commitment in RI from BCBSRI appears highest, NHPRI next and then United. The Council probably needs to give guidance to the Commissioner about how to respond to this.**

There was no further discussion.

Next Meeting of the Council

November 20, 2007

5 pm DBR Main Hearing Room